

COUNTY OF APPOMATTOX

An Equal Opportunity Employer

Please circle
Full Time / Part Time

APPLICATION FOR EMPLOYMENT

Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, handicap, sex or age.

1. Position applied for _____ 2. Department _____ (one per application)

3. Full legal name _____ 4. Home Phone (____) _____
Last First Middle

5. Address _____ 6. Business Phone (____) _____
Number & Street City State Zip

7. EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No Date Received _____

c. Circle number of years post high school education? 1 2 3 4 5 6 7 8

Name/Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

8. **EXPERIENCE** - Use *Supplementary Experience Form(s)* for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No

a. **Job Title** _____
Employer _____
Address _____

Phone(____)
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

b. **Job Title** _____
Employer _____
Address _____

Phone(____)
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

c. **Job Title** _____
Employer _____
Address _____

Phone(____)
Type of business _____
Immediate supervisor _____
Title _____
Salary (start) _____ (finish) _____
Dates (mo/yr) _____ to (mo/yr) _____
Full-time _____ Part-time _____ Hours/week _____

Duties _____

Number of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Duties _____

Number of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

Duties _____

Number of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

d. **Job Title** _____

Employer _____

Address _____

Phone(_____) _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time _____ Part-time _____ Hours/week _____

Duties _____

Number of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

e. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

f. Automated word processing (specify equipment) _____

Type speed _____ words per minute. Shorthand speed _____ words per minute.

g. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License No.	Expiration Date	Granted by (licensing board)

9. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

10. MISCELLANEOUS

- a. Do you have any relatives, whether by blood, marriage, or adoption, who are currently employed by Appomattox County? ☐ Yes ☐ No
If yes, please state the employee's name and the nature of the relationship. Name _____ Relationship _____
- b. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United State? ☐ Yes ☐ No
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- c. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No
- d. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United State during the following dates? (Check the appropriate dates): ☐ World War I - 4/16/17 - 4/1/20; ☐ World War II - 12-7-41 - 12/31/46; ☐ Korean Conflict - 6/27/50 - 1/31/55; ☐ Vietnam Conflict - 8/5/64 - 3/7/75; ☐ None of the dates shown, but I did serve in the military.
- e. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ☐ Yes ☐ No, if yes, list all and explain _____

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice).
_____Month_____Day_____Year

12. CERTIFICATION - Each Application Requires Current Date and Original Signature.

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the State of Virginia. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use as it sees fit any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature _____ Date _____